

wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Chiropractors
Federally Qualified
Health Centers
Home Health
Agencies
Individual Medical
Supply Providers
Medical Equipment
Vendors
Nursing Homes
Occupational
Therapists
Pharmacies
Physical
Therapists
Rehabilitation
Agencies
Speech and
Hearing Clinics
Speech-Language
Pathologists
Therapy Groups
HMOs and Other
Managed Care
Programs

Procedure Code Updates for Durable Medical Equipment

Effective for dates of service (DOS) on and after April 1, 2004, and DOS on and after July 1, 2004, Wisconsin Medicaid is adding Healthcare Common Procedure Coding System (HCPCS) procedure codes previously not reimbursed by Wisconsin Medicaid.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a list of HCPCS codes, descriptions, copayment amounts, maximum fees, nursing home reimbursement status, and other procedure code requirements or limitations effective for DOS on and after April 1, 2004. Replaced procedure codes are no longer effective beginning on September 1, 2004, except when billing under an approved prior authorization until November 30, 2004.

Refer to Attachment 2 for a list of HCPCS codes, descriptions, copayment amounts, maximum fees, nursing home reimbursement status, and other procedure code requirements or limitations effective for DOS on and after July 1, 2004.

Providers are required to use the appropriate HCPCS procedure code that describes the durable medical equipment (DME) item or service.

Refer to the Durable Medical Equipment Index for a complete list of reimbursable DME procedure codes. The DME Index is updated on a quarterly basis and posted on the

Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/. Refer to this *Update* until the DME Index is modified.

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

HCPCS Codes for Durable Medical Equipment

Effective for Dates of Service on and After April 1, 2004

Place of Service Codes	
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
99	Other

Provider Types			
24	Federally Qualified Health Centers	44	Home Health Agencies
26	Pharmacies	48	Dually Certified Home Health/Personal Care Agencies
30	Chiropractors	54	Medical Equipment Vendors
34	Physical Therapists	58	Individual Medical Supply Providers
35	Occupational Therapists	65	Rehabilitation Agencies
38	Therapy Groups		

Procedure Code	Replaced Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0628	A5509	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore A 35 durometer or 3/16 inch material of shore A 40 (or higher), prefabricated, each	11, 12, 31, 32, 99	\$5.25	\$2.00	No	24, 26, 44, 48, 54, 58	Yes	3 per year	Yes
K0629	A5511	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore A 35 durometer or higher, includes arch filler and other shaping material, custom fabricated, each	11, 12, 31, 32, 99	\$25.33	\$2.00	Yes	24, 26, 44, 48, 54, 58	Yes	3 per year	Yes
K0630	L0600	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$64.93	\$3.00	No	24, 26, 30, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0631	L0610	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$172.27	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0632	L0620	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$112.75	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes

*PA = Prior authorization.

Procedure Code	Replaced Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0633		Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$172.27	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0634		Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$64.93	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0635		Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$112.75	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0636		Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$112.75	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0637	L0500	Lumbar-sacral orthosis, flexible, provides lumbosacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$89.87	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes

*PA = Prior authorization.

Procedure Code	Replaced Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0638	L0510	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$128.41	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0639	L0515	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$162.49	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	2 per year	Yes
K0640	L0520	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$188.87	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0641	L0540	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$240.12	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes

*PA = Prior authorization.

Procedure Code	Replaced Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0642	L0561	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$277.90	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0643	L0560	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$986.60	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0644	L0561	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$277.90	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0645	L0560	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$986.60	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes

*PA = Prior authorization.

Procedure Code	Replaced Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0646	L0561	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$277.90	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0647	L0560	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$986.60	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0648	L0561	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, includes fitting and adjustment	11, 12, 31, 32, 99	\$277.90	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes
K0649	L0560	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xiphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	11, 12, 31, 32, 99	\$986.60	\$3.00	No	24, 26, 34, 35, 38, 44, 48, 54, 58, 65	No	1 per year	Yes

*PA = Prior authorization.

ATTACHMENT 2

HCPCS Codes for Durable Medical Equipment

Effective for Dates of Service on and After July 1, 2004

Place of Service Codes	
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility

Provider Types	
24	Federally Qualified Health Centers
26	Pharmacies
44	Home Health Agencies
48	Dually Certified Home Health/Personal Care Agencies
54	Medical Equipment Vendors

Procedure Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0650	General use wheelchair seat cushion, width less than 22 inches, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0651	General use wheelchair seat cushion, width 22 inches or greater, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0652	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0653	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0654	Positioning wheelchair seat cushion, width less than 22 inches, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0655	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0656	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0657	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0658	Custom fabricated wheelchair seat cushion, any size	11, 12, 31, 32	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	Yes
K0659	Wheelchair seat cushion, powered	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0660	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0661	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No

*PA = Prior authorization.

Procedure Code	Description	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
K0662	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0663	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0664	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0665	Positioning wheelchair back cushion, posterior-lateral width 22 inches or greater, any height, including any type mounting hardware	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0666	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	11, 12, 31, 32	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	Yes
K0667	Mounting hardware, any type, for seat cushion or seat support base attached to a manual wheelchair or lightweight power wheelchair, per cushion/base	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0668	Replacement cover for wheelchair seat cushion or back cushion, each	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No
K0669	Wheelchair seat or back cushion, no written coding verification from SADMERC	11, 12	manually priced	\$3.00	Yes	24, 26, 44, 48, 54	No	3 years	No

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